

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.:	SC12908ZP
	First Inventor:	Gloria J. Kerszykowski
	Title:	MRAM DEVICE INTEGRATED WITH OTHER TYPES OF CIRCUITRY
	Express Mail Label No.:	EV322115136US

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	Mail Stop Patent Application ADDRESS TO: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status
See 37 CFR 1.27
3. ☒ Specification [Total Pages 18]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or computer program listing appendix
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 5]
5. Oath or Declaration [Total Sheets 15]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-4 (2 copies); or
 - ii. ☐ Paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS	
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input checked="" type="checkbox"/> Information Disclosure Statement, PTO/SB/08 & <input type="checkbox"/> Copies of IDS Citations	
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input type="checkbox"/> Certified Copy of Priority Document	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other:	

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in- Part (CIP) of prior application No. _____
 Prior application information: Examiner: _____ Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number	<u>23125</u>	or	<input type="checkbox"/> Correspondence address below		
Name					
Address					
City		State		Zip Code	
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Name	<u>James L. Clingan, Jr.</u>		Registration No.	<u>30,163</u>	
SIGNATURE	<u>James L. Clingan, Jr.</u>		Date	<u>12/8/03</u>	

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